

STATE OF NEVADA
ADMINISTRATOR IN TRAINING (AIT)
REQUIREMENTS

THE STATE OF NEVADA REQUIRES THAT ALL APPLICANTS FOR INITIAL LICENSURE FOR A NURSING FACILITY ADMINISTRATOR MUST HAVE FULFILLED 1,000 HOURS OF ADMINISTRATOR IN TRAINING AT A BOARD APPROVED PROGRAM UNDER THE DIRECTION OF A PRECEPTOR. A CERTIFICATION OF PROGRAM COMPLETION IS ENCLOSED FOR THIS PURPOSE.

THE PRECEPTOR IS A LICENSED NURSING HOME ADMINISTRATOR, WHO ALSO HELPS THE TRAINEE PREPARE FOR THE NATIONAL EXAM.

THE AIT TRAINING IS REQUIRED TO ADDRESS THE FIVE (5) DOMAINS OF PRACTICE AS ESTABLISHED BY THE NATIONAL ASSOCIATION OF BOARDS OF EXAMINERS OF LONG TERM CARE ADMINISTRATORS (NAB) LISTED BELOW:

1. RESIDENT CARE AND QUALITY OF LIFE;
2. HUMAN RESOURCES;
3. FINANCE;
4. PHYSICAL ENVIRONMENT AND ATMOSPHERE; AND
5. LEADERSHIP AND MANAGEMENT.

A SUGGESTED TIME FRAME FOR EACH DEPARTMENTAL CLINICAL LEARNING EXPERIENCE FOLLOWS:

1. RESIDENT CARE MANAGEMENT:

<u>DEPARTMENT</u>		<u>RECOMMENDED TIME FRAME</u>
(1)	Nursing	4 weeks
(2)	Medical/Patient Records	1 week
(3)	Dietary	2 weeks
(4)	Rehab Services	1 week
(5)	Activity/Social Services	1 week

2. PERSONNEL MANAGEMENT:

(1)	Human Resources	1 week
(2)	Payroll/Benefits	2 weeks
(3)	Staff Development	2 weeks

3. FINANCIAL MANAGEMENT:

- | | | |
|-----|-------------------------|---------|
| (1) | Business Office | 2 weeks |
| (2) | Central Supply Services | 1 week |

4. ENVIRONMENTAL MANAGEMENT:

- | | | |
|-----|-------------------------|--------|
| (1) | Environment Maintenance | 1 week |
| (2) | Housekeeping | 1 week |
| (3) | Laundry | 1 week |

5. GOVERNANCE AND MANAGEMENT:

- | | | |
|-----|---------------------------------|---------|
| (1) | Administration | 5 weeks |
| (2) | Additional Clinical Experiences | 1 week |

THE ACTUAL TIME FRAMES FOR THE DEPARTMENTAL ROTATIONS FOR EACH AIT WILL BE DETERMINED BY THE PRECEPTOR

THE SEQUENCING AND LENGTH OF THESE ROTATIONS SHOULD BE BASED ON FACTORS SUCH AS THE AIT'S PREVIOUS WORK AND ACADEMIC EXPERIENCE, AS WELL AS LICENSURE SURVEYS. IT IS THE RESPONSIBILITY OF THE AIT AND PRECEPTOR TO ENSURE THAT ALL ROTATIONS HAVE TAKEN PLACE.

CERTIFICATION OF PROGRAM COMPLETION

Name of AIT: _____
 First Middle Last

Place of Training: _____

Full mailing name and street address of nursing facility zip code

Telephone: _____

Date internship began: _____ completed: _____

Number of weeks/hours spent in:

1. RESIDENT CARE AND QUALITY OF LIFE::

- (1) Nursing _____
- (2) Medical/Patient Records _____
- (3) Dietary _____
- (4) Rehab Services _____
- (5) Activity/Social Services _____

2. HUMAN RESOURCES:

- (1) Human Resources _____
- (2) Payroll/Benefits _____
- (3) Staff Development _____

3. FINANCE:

- (1) Business Office _____
- (2) Central Supply Services _____

4. PHYSICAL ENVIRONMENT AND ATMOSPHERE:

- (1) Environment Maintenance _____
- (2) Housekeeping _____
- (3) Laundry _____

5, **LEADERSHIP AND MANAGEMENT:**

- (1) Administration _____
(2) Additional Clinical Experiences _____

TOTAL NUMBER OF WEEKS/HOURS IN AIT TRAINING PROGRAM _____

I certify that the AIT whose signature appears below has satisfactorily completed this internship of _____ weeks/hours under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing facility administrator:
(use additional pages as necessary)

PRECEPTOR

License number: _____

ADMINISTRATOR-IN-TRAINING

DATE: _____